PTO/SB/30 (08-03)

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## Request For

## Continued Examination (RCE) Transmittal

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a collection of information unless it d	isplays a valid OMB control number.
Application Number	10/776,585
Filing Date	02/11/2004
First Named Inventor	Carlos Correa
Art Unit	2622
Examiner Name	Jean Wicel Desir
Attorney Docket Number	PD980059

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.

Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

1. Submission required under 37 C.F.R. 1.114  Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment(s).							
Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked.							
	=						
	nendment/Reply fidavit(s)/Declaration(s)			Disclosure Statement heet, Return Post Car			
2. Miscellaned	ous						
<ul> <li>a. Suspension of action on the above-identified application is requested under 37 C.F.R. 1.103(c) for a period ofmonths. (Period of suspension shall not exceed 3 months; Fee under 37 C.F.R. 1.17(i) required)</li> <li>b. Other</li> <li>3. Fees The RCE fee under 37 C.F.R. 1.17(e) is required by 37 C.F.R. 1.114 when the RCE is filed.</li> </ul>							
a. 🛛 The D							
i. RCE fee required under 37 C.F.R. 1.17(e) ii. Extension of time fee (37 C.F.R. 1.136 and 1.17) iii. Other							
<ul> <li>b. Check in the amount of \$ enclosed</li> <li>c. Payment by credit card (Form PTO-2038 enclosed)</li> <li>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</li> </ul>							
	SIGNATURE OF APPLICANT,	, ATTORNEY	, OR AGEI	NT REQUIRED			
Name (Print /Type)	Sammy Henig		Registration No. (Attorney/Agent)		30,263		
Signature	Siffy	Date		1/1 <b>6</b> /07			
CERTIFICATE OF MAILING OR TRANSMISSION							
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below:							
Name (Print /Type)	Daniel Gold				-		
Signature	Dulle	Date 1/15/07					
his collection of information is required by 37 OFR 1.114. The information is required to obtain or retain a benefit by the public which is to file (and by the ISPTO to process) an application. Confide Hality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to							

USPTO to process) an application. Confide Mality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-

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PTO/SB/17 (01/06)
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es pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

## **EE TRANSMITTAL**

for FY 2006

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

Complete if Known				
Application Number	10/776,585			
Filing Date	02/11/2004			
First Named Inventor	Carlos Correa			
Examiner Name	Jean Wicel Desir			
Art Unit	2622			
Attorney Docket No.	PD980059			

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METHOD OF PAYMENT	(check all that a	pply) CUSTO	MER NUMI	BER: 24498			
☐ Check ☐ Cr	edit card	☐ Money Or	der	☐ None	Other (plea	se identify):	
Deposit Account: Deposit Account Number 07-0832  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below  Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17  WARNING: Information on this form may become public. Credit card information should not be included on this form.							
information and author	_		upon filina o	r may be subject to	a surcharge.)		
1. BASIC FILING, SE				,			
ii. DAGIO I ILING, SL	FILING			ICH FEES	EXAMINA	TION FEES	
		Small Entity		Small Entity		Small Er	tity
Application Type	Fee (\$)	Fee (\$)	<u>Fee (\$)</u>	Fee (\$)	Fee (\$)	<u>Fee (\$)</u>	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM F	EES					Small E	ntity
Fee Description					Fee	3111 <u>air E</u> e (\$)	Fee (\$)
Each claim over 20 (inclu	uding Reissues	s)			-	0	25
Each independent claim	over 3 (includi	ng Reissues)			20	0	100
Multiple dependent claim	ns				36	0	180
Total Claims	_	ctra Claims	<u>Fee (\$)</u>	Fee Paid (\$)		<u>ltiple Depende</u>	
- 20 HP = highest number of	or HP ≔ total claims pa	x id for, if greater tha	n 20.	=	<u>Fee</u>	<u>e (\$)</u>	Fee Paid (\$)
Independent Claims	Ex	tra Claims	Fee (\$)	Fee Paid (\$)		<del></del>	
	or HP =	x	<del></del>	=			
HP = highest number of		aims paid for, if gre	eater than 3.				
3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sh	eets <u>Nu</u>	mber of each	additional 50 or frac	tion thereof	Fee (\$)	Fee Paid (\$)
- 100 =	·····	/ 50 =	(rou	ınd <b>up</b> to a whole nur	mber) x		_ =
					Fees Paid (\$)		
Non-English Specification, \$130 fee (no small entity discount)					6700.00		
Other (e.g., late filing surcharge):RCE \$790.00					\$790.00		
SUBMITTED BY							

SUBMITTED BY

Name (Print/Type)

Sammy Henig / Registration No. (Altorney/Agent) 30.263

Telephone 609-734-6812

1/16/07

This collection of information is required by 37 CFR V(39). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the inclividual case, Any comments on the amount of time you reprint to complete this form aren'd raugegraphs for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. Do NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance in completing the form, call 1-880-PTO-9199 and select option 2.